



JAB & GAB

The Wyoming Immunization Program Newsletter www.immunizewyoming.com

Adolescent Efforts Underway!

WIP would like to thank the many providers who have been making efforts to immunize adolescents, traditionally one of the most neglected populations receiving immunizations. One such provider is Ruth Edge, the school nurse in Meeteetse (the school contracts with PH for services), who collaborated with schools and other healthcare professionals and was able to immunize 78% of girls grades 7-12 with HPV vaccine and 50% of middle and high school-aged students with MCV4 vaccine in schools. The Meeteetse schools presently have 100% of all 7th grade students vaccinated with Tdap vaccine, as well! She used such innovative methods as Her immunization strategies included:

- Sending educational materials to the Superintendent ahead of time so that when she approached him about hosting a vaccine clinic, he was already informed;
- Writing letters to all parents of children within this age group, promoting that vaccines were available at the school to children with only a small administrative fee charged for shots (*no child turned away for inability to pay), along with a reminder that when a child turns 19, the cost dramatically increases; and
- Using her own reminder recall tracking and the WylR to keep track of kids' upcoming immunization needs.

Next year, the efforts will begin again to immunize any students who may have been missed or new students in this effort. Additional advice she would share with other providers includes formulating great relationships with the school, directly contacting parents when possible, communicating immunization need and availability, going to kids where they are and not asking them to come to a location that is inconvenient, considering the option of hosting clinics on early-release days, and thinking outside the box both about how to get the word out and about how to work with the schools and community. What an amazing outcome!

If we have missed anyone's efforts, we do apologize. If indeed your practice is making strides and we have not heard about your efforts to improve immunization rates for this or **ANY** population, **please let us know!** WIP will be implementing a new recognition program called the "Sharp Shooter Award". This recognition will be acknowledged quarterly and will feature outstanding efforts from your clinics to improve immunization rates for your patients. To nominate your office for the "Sharp Shooter Award", please send us an email or call Jan Bloom, Wyoming Immunization Section Chief, to share your efforts. Additionally, staff from WIP will be keeping a keen eye out for the great things you are doing and may ask for your blessing to nominate your practice! We will then highlight the "Sharp Shooters" in the Jab & Gab, beginning in April.

The "Sharp Shooter Award" is just one way we are trying to improve as part of the Assessment, Feedback, Incentive and Exchange (AFIX) method we implement in our agreements with the CDC. During these annual Advantage Visits, Outreach Workers provide assessment, feedback and, sometimes, incentive for improving your overall immunization rates

We believe that great efforts and improvements have been made in the "A", "F" and "I" aspects of this process; however, we would like to highlight the "X" Exchange portion, as well. The Exchange portion of AFIX is an effort for you to share and promote your strategies for improving immunization rates. In this way, **YOU**, the providers who are making the efforts with patients, are sharing your practices and ideas with other providers. We appreciate all that you are doing in your efforts and thanks for being a WyVIP provider!

FYI! The JAB & GAB is posted on the www.immunizewyoming.com website every month.

Wyoming
Department
of Health

JAB & GAB

Volume 4, Issue 3
March, 2008

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*The Yellow book for travel immunizations is now on our website at www.immunizewyoming.com

*Don't forget to check your email for communication from us!



World of the Vaccine Office-By Randy DeBerry

Adult Hepatitis Vaccines Open to General Adult Population

A reminder that as a result of a joint effort between the Immunization Program and the Communicable Disease Program, all Adult Hepatitis vaccine (Hep A, Hep B, Hep A/B) that has already been shipped to providers has been approved for use with the general adult population, and not just those classified as "high risk". This "rule broadening" does not apply to any Adult Hepatitis vaccine, regardless of type, ordered after March 1st, 2008; the "rule broadening" only applies to vaccine that you have already received. We understand that there are many lot numbers of Adult Hepatitis vaccine that are expiring in the upcoming months, and it is our hope that this expansion will help you in using this vaccine before it expires. As such, please note that any clinic level Adult Hepatitis education and immunization efforts are not only encouraged by the program, but would be appreciated and supported as much as possible.

Process for Returning EXPIRED Vaccine

Recently there have been many questions about the appropriate procedures for returning expired vaccine. Expired vaccine should be returned to McKesson after the expiration date has elapsed, it should not be returned to the WyVIP Program. Expired vaccines DO NOT have to be packed in a McKesson box, but can be if it is the most convenient method. However, regardless of what type of box the vaccine is packed in, it should be packed in such a way that protects the vials and prohibits leaks if a vial should break. Once you have packed your expired vaccine appropriately, you should call McKesson at 877-822-7746 and tell them you have expired VFC Vaccine from Wyoming that you need to return. McKesson will need to know your PIN, how many doses have expired, and the approximate date you RECEIVED the vaccine originally. Once McKesson has this information they will arrange for FedEx to come to your office and pick up the vaccine. WYVIP will still need to have your offices complete a non-viable form (VAC 6) and fax it to our offices with your monthly reports so that we may reflect this in our records. Thanks very much for your assistance in this matter.

Expired Vaccine

This is just a friendly reminder that if you have vaccine in your inventory that is coming close to its expiration date, please contact the WyVIP Program within **THREE MONTHS** if possible before the vaccine is set to expire. Given the size and population of our state it usually takes three months to find a provider(s) who will be able to use the vaccine before it expires.



School House Rocks! Upcoming Events & Trainings by Andrea Clement-Johnson

"Current Issues in Immunization," Immunization NetConferences are live, 1-hour presentations combining an **online visual presentation** with **simultaneous audio** via telephone conference call and a live **question and answer** session. Topics and times will be announced on the CDC website (www.cdc.gov); the next one is tentatively scheduled for:

March 13, 2008

International Conference on Emerging Infectious Diseases (ICEID) **Date:** March 16-19, 2008 **Location:** Atlanta, Georgia **Website:** www.iceid.org **Contact:** iceid@asmusa.org or 204-942-9330

42nd National Immunization Conference **Date:** March 17-20, 2008 **Location:** Hilton Atlanta in Atlanta, Georgia **Website:** www.cdc.gov/vaccines/events/nic/ **Contact information:** Call (404) 639-8225, or email NIPNIC@cdc.gov

March 26, 2008- 12:15-1:30, WIP Monthly Teleconference, Call-in information 1-877-278-8686, Participant ID 687555

*2008 Epidemiology and Prevention of Vaccine-Preventable Diseases Series **is no longer being delivered via satellite**. It will be available in late spring 2008 as a DVD and on the Internet.

Education Line for WyVIP Providers^{-by Andrea Clement-Johnson}

Coming soon, there will be an educational call line available to WyVIP providers. These sessions will feature a live person available during a pre-determined date and time to assist on policy, clinical, vaccine or any other requested or necessary items for education or clarity. The first date will be in April and details will be announced in the next Jab & Gab. We encourage all our providers to call or send us an e-mail with topics they would like to see offered. Thanks!

Changes to WIP Advantage Visits in 2008

by Andrea Clement-Johnson

The Wyoming Immunization Program (WIP) is pleased to announce a revised procedure for determining your immunization coverage rates for 2008. We believe that this new approach will provide you with greater insight and education for your practice. **For calendar year 2008;**


- All WIP providers will receive Comprehensive Clinic Assessment Software Assessment (CoCASA) immunization coverage rates, as in past years. We would like to note that rather than focus entirely on quantity, visiting every WIP provider, not all sites may receive an annual Advantage Visit this year. The efforts for these educational visits will continue to focus on quality and meeting your needs.
- All immunization coverage rates will be run for all providers within the first quarter of this year.
- Any adjustments to records (such as children who have moved or gone elsewhere or those only receiving a flu shot from your clinic, etc.) will be made before we visit you, or adjusted at the time of your Advantage Visit. Children who are defined as "belonging" to your practice are those who have received at least one medical visit to your clinic within the past 12 months.
- We will continue to request copies of immunization records from all non-Wyoming Immunization Registry (WyIR) providers. We will also continue to support you with any questions or needs you may have throughout the process at any time you need assistance.
- If an Advantage Visit is scheduled, we ask that you to notify your Outreach Specialist of any adjustments to records by the established, pre-determined date, and by no later than the day before your scheduled Advantage Visit. Rates reports cannot be re-run after this point and any adjustments discovered at Advantage Visits will be made at the time of the visit.
- If you are not receiving an Advantage Visit in 2008, we will provide you with a date for records to be faxed to our offices. We will then provide you with your rates report in a timely manner once we receive them. Any required adjustments to rates following your receipt of these reports will be provided by your Outreach Specialist as soon as possible.

You will soon receive a form which provides you with the processes and assigned dates to follow, whether you are receiving an Advantage Visit, and regardless of your WyIR user-status. If you are scheduled for an Advantage Visit this year, your Outreach Specialist will be in touch with you very soon if they have not yet done so. Please review these steps closely and do not hesitate to call your Outreach Specialist with any questions or concerns. We strive to provide you with timely, accurate, and useful information. If you are not scheduled for an Advantage Visit in 2008, we will continue to be available to provide you with any education needs or questions you may have, and we will visit your offices as a priority in 2009. We are committed to providing excellent customer service to you in this and every partnership we share with you.

Thank you for all that you do.

Please see this month's inserts for updated clinical information.

Thank you.


Clinical Corner
by Joanna Briggs, RN

Clinical Corner (Cont.)

Please see this month's inserts for updated clinical information. Thank you.



**Get WylR'd!
by John
Anderson**

What will the Wyoming Immunization Registry (WylR) do for my practice?

In utilizing the WylR, you will: reduce your paperwork and save staff time; consolidate immunizations from all participating providers into one record; provide easy access and reliable immunization histories for any child (new or current patients), even if immunizations were received at a different clinic; provide information on immunizations, due or overdue; provide patient reminders and recalls for immunizations, due or overdue; provide your patients' immunizations directly on an official school immunization record form, so that parents can enroll their children in school; reduce the number of phone calls you make to schools and day care centers during registration; facilitate introduction of new vaccines or changes in the vaccine schedule; help you manage vaccine inventories; help you determine what proportion of children in your practice have been adequately immunized; help with HEDIS data collection for managed-care organizations; and reinforce the concept of the medical home.

The WylR simplifies immunization record keeping, provides quicker access to immunization records, and helps you keep track of a patient's immunization status. If a parent calls you for their child's immunization history, you can provide them with this information with a couple of mouse clicks.

Can the WylR exchange data with Electronic Medical Records (EMR)?

The WylR has the capacity to electronically exchange data with the clinical systems including electronic medical records. The capacity and direction of this exchange depends on the technical capacity of the Electronic Medical Record system and the WylR. Many state and local IIS use the industry standard Health Level 7 (HL7) protocol to exchange this type of patient's immunization information, as does WylR.

What type of equipment do I need to electronically link with the WylR?

Exchanging immunization information with the WylR can be done in a variety of different ways. The WylR typically requires some form of internet access which may involve a dial up access or high speed access. The computer application used in the practice should have the ability to create an interface file that conforms to a standard exchange format.

WylR Provider Enrollment Agreements due 03/31/08!

Last month, we briefly mentioned that we will begin a "slow" rollout of changes to the WylR in order to comply with the 12 functional standards for Immunization Registries as defined by the CDC. This month, we are starting that process. Depending on the type of clinical application and the clinical workflow, WylR information may be accessible directly from within the clinical application. Additional software requirements may be necessary for authentication, encryption and sending the file to the WylR. "Interfaces" between WylR and clinical applications may be a solution to reduce the burden of multiple data entry. Contact the Wyoming Immunization Program with any additional questions.

Version Upgrade (V4.1.2.5)-

The latest version upgrade now appears to be stabilized and functioning as it should. However, as many experienced users are familiar with, as soon as a new version comes out, inherently there are system bugs that were not present when undergoing quality assurance testing. Rather than reproducing the issues in a lengthy format in this media, you can point your browser to the following link to view the outstanding system bugs: <http://www.health.wyo.gov/Media.aspx?mediaId=3229>.

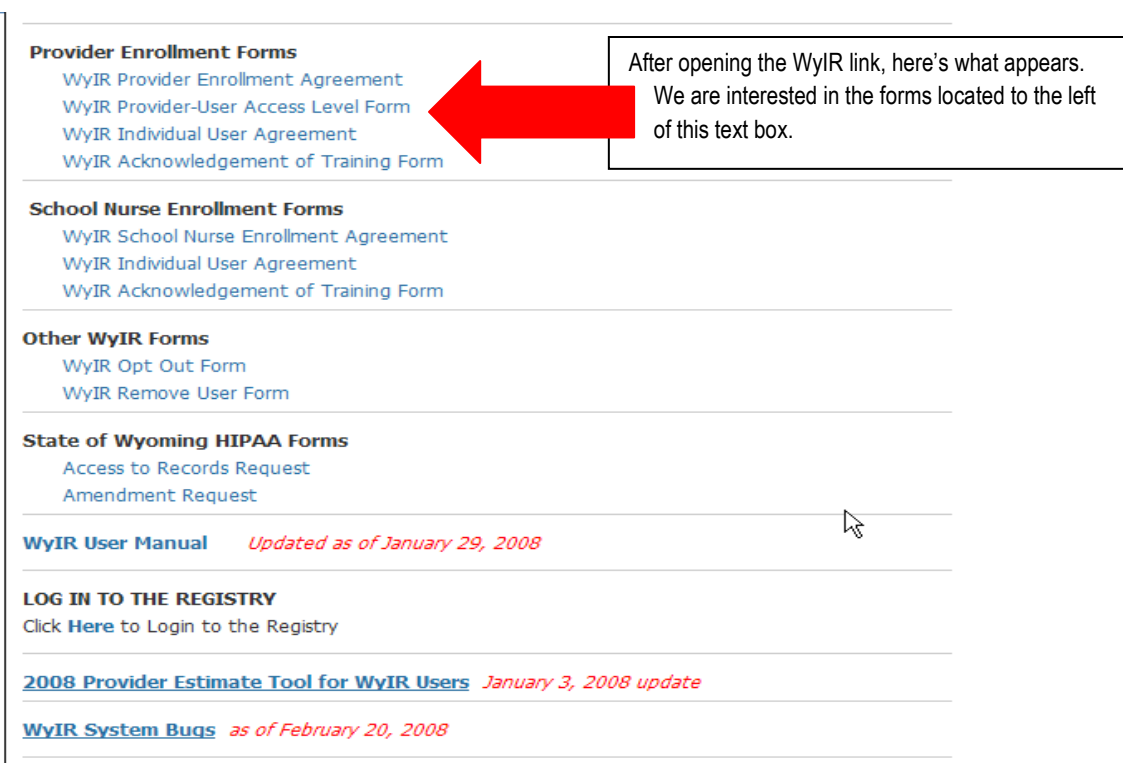
Most of the bugs that have been identified are unfortunately related to the Mass Immunization Module. That being said, the bugs mainly affect the Public Health Nursing Offices that use this particular module. However, there are a couple of more bugs that may affect your utilization of the WylR. We encourage you to check our webpage at <http://www.immunizewyoming.com> to keep up to date on further developing issues.

Confidentiality & Security essentially has been maintained for the WylR by having providers enroll with the WylR, and then having users sign a confidentiality agreement which asks users to also submit their password to the WylR staff. The basic forms had recently undergone some revisions, but in talking with our HIPAA Compliance Officer, it was suggested that we clarify the intent of the forms to make it easier for users to understand the process. So, we have drafted both Confidentiality and Security Policies and Procedures and when approved by the State HIPAA officer, will also bring us up to the functional standard per the CDC recommendations.

What will this mean for the providers, the users of the system? **Initially, we are asking for each provider to enroll with the WylR on an annual basis, as recommended by the CDC.** In completing this enrollment packet, we will not only acquire more accurate contact information for each office, but also clarify which users may have left the provider's office since enrolling in the program. The enrollment packet will contain a WylR Provider Enrollment Agreement Form; a WylR Provider/User Level Access Form; and an Individual User Agreement. These are also available online.

Why are we requiring new enrollment agreements? As previously alluded to, a recent search of current users revealed that there are almost 900 registered active users of the WylR. A Remove User form is forwarded each year in our toolkit for providers to complete within 24 hours if an employee that was using the WylR leaves the practice. We do receive these forms regularly, but believe that once the enrollment forms are completed for this year, the number of active users that have access to the WylR will drop significantly. Through this enrollment process, we will help ensure that only those that are supposed to have access to the confidential information contained within the system are indeed the only ones.

How to complete the forms: The necessary WylR Enrollment Forms are available within your Enrollment Packet. They are also located online. If you are accessing the forms from our webpage, here's what the links look like:



Provider Enrollment Forms

- [WylR Provider Enrollment Agreement](#)
- [WylR Provider-User Access Level Form](#)
- [WylR Individual User Agreement](#)
- [WylR Acknowledgement of Training Form](#)

School Nurse Enrollment Forms

- [WylR School Nurse Enrollment Agreement](#)
- [WylR Individual User Agreement](#)
- [WylR Acknowledgement of Training Form](#)

Other WylR Forms

- [WylR Opt Out Form](#)
- [WylR Remove User Form](#)

State of Wyoming HIPAA Forms

- [Access to Records Request](#)
- [Amendment Request](#)

WylR User Manual *Updated as of January 29, 2008*

LOG IN TO THE REGISTRY

Click [Here](#) to Login to the Registry

2008 Provider Estimate Tool for WylR Users *January 3, 2008 update*

WylR System Bugs *as of February 20, 2008*

After opening the WylR link, here's what appears.
We are interested in the forms located to the left of this text box.

Simply click upon the link to open the applicable form in a .pdf format. For most offices, the WylR Program will need to receive the first three forms listed: The WylR Provider Enrollment Agreement; the WylR Provider-User Access Level Form; as well as the WylR Individual User Agreement. The first form listed, the WylR Provider Enrollment Agreement specifies some basics from your office that need to be on file. The second form listed, the WylR Provider-User Access Level Form should be completed and signed by the Office Manager or Authorized Representative from your practice. The third form, the WylR Individual User Agreement, specifies the HIPAA necessities and also allows the user to define their preferred password. The fourth form listed, the WylR Acknowledgement of Training form is only applicable to new users of the WylR; if you have been using it, there is no need to submit the form currently. Once in receipt of the completed forms, we will be able to ensure that those that do have access to the WylR are truly supposed to have access to it.

The forms are due by **March 31, 2008** to the office. We will be sending out friendly reminders if we do not receive the necessary information by that date until we are 100% in receipt of information from all offices. I realize that this may be an inconvenience for your practice, but do appreciate your shared concern in allowing only authorized users access to such valuable, confidential information that we share across the state.



Shining Stars!

By Lily Valdez

ABC Pediatrics
Adams, Michael D., MD, PC
Albany Co PHN
Alpha Family Medicine
Alpine Family Medical Clinic
Arapahoe Health Center
Babson & Associates Primary Care
Banner Medical Clinic
Big Horn Basin Children's Clinic
Big Horn Clinic
Big Horn Co PHN-Greybull
Big Horn Co PHN-Lovell
Big Horn Pediatrics
Billings Clinic – Cody
Bridger Valley Family Practice
Brown, Craig, MD
Campbell Co Health Dept
Carbon Co PHN-Rawlins
Carbon Co PHN-Saratoga
Casper Natrona Co. Health Department
Castle Rock Medical Center
Cedar Hills Family Clinic
Cesko Family Medicine
Cheyenne Children's Clinic
Cheyenne Family Medicine
Cheyenne Health & Wellness Center
Community Health Center of Central Wyoming
Converse Co PHN
Crook Co PHN
Ellbogen, David A., MD
Emerg-A-Care
Evanston Pediatrics
Family Care Clinic, LLC
Family Medical Care
Family Medical Center
Fischer, Carol A., MD

Fremont Co Pediatric Clinic
Fremont Co PHN-Lander
Fremont Co PHN-Riverton
Ft. Washakie Health Center
Goodell, Thomas P., MD, PC
Goose Creek Pediatrics
Goshen Co PHN
Granum, Michael J., MD
Green, Richard D., M.D.
Hot Springs Co PHN
Hunter Family Medical Clinic, PC
Ivinson Memorial Hospital Nursery
Jackson Pediatrics
Johnson Co PHN
Lander Medical Clinic
Lander Regional Hospital
Laramie Pediatrics
Laramie Physicians for Women and Children (Children's Clinic)
Lincoln Co PHN-Afton
Lincoln Co PHN-Kemmerer
Medicine Bow Health Center
Memorial Hospital of Carbon Co
Memorial Hospital of Sweetwater Co
Moorcroft Clinic
Mountain View Medical Center
Myers, Harlen, MD
Northeast Wyoming Pediatrics
North Big Horn Hospital-Clinic
Park Co PHN-Cody
Park Co PHN-Powell
Pediatric and Adolescent Clinic, Inc
Platte Co Memorial Hospital
Platte Co PHN
Pockat, Tom, MD
Quinn, Michael J., MD-FAAP
Red Rock Family Practice

Region V Boces
Riverton Memorial Hospital
Rock Springs Family Practice, Inc.
Sheridan Co Comm. Health
Sheridan Family Practice PC
Sheridan Memorial Hospital
South Lincoln Medical Center
South Lincoln Medical Clinic
South Sheridan Medical Center
St. John's Medical Center
Star Valley Family Physicians
Sublette Co PHN
Sweetwater Co Comm. Nursing Svcs-
Green River
Sweetwater Co Comm. Nursing Svcs-
Rock Spgs
Sweetwater Pediatrics, PC
Teton Co PHN
The Family Clinic, LLC
Thomas, Jennifer, MD, PC
Total Family Health, PC
Tri-County Medical Center
Uinta Co PHN-Evanston
Uinta Co PHN-Lyman
Uinta Family Practice
UW Student Health
Wagon Circle Medical Clinic
Washakie Co PHN
Western Family Care
Western Medical Associates, LLC
Weston Co PHN
Wind River Health Systems
Wind River Pediatrics
Women's Health Center
Woodward, Drew, M.D., PC



March 2008

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Monthly Reports Due	4	5	6	7	8
9	10	11	12	13 Orders Placed	14	15
16	17	18	19	20	21	22
23	24	25	26 WIP Teleconference	27	28	29
30	31					

March 3: ALL monthly reports due:

- Doses Administered
- Inventory Form
- Temperature Logs
- A REMINDER! The Doses Administered Reports you send in are the basis for replenishing your vaccine orders. If you have Special Clinic Order forms, flu doses administered, transfer of vaccine forms and/or preference forms, please send them at this time, as well.
- March 26:** WIP Monthly Teleconference (**PLEASE NOTE DATE**) 12:15 p.m.-1:30 p.m. Call in information 1-(877)-278-8686, Participant ID 687555.

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of **bacterial meningitis** in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine pre-adolescent immunization visit (at 11-12 years). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups. MPSV4 can be used if MCV4 is not available and for adults over 55.

How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes a second dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

4

Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their provider before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

5

What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called **Guillain-Barré Syndrome** (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

6

What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
 - **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
 - **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
- Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has had a rare serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

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How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's National Immunization Program website at www.cdc.gov/vaccines
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at wwwn.cdc.gov/travel



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>

Relevant Contacts 6101 Yellowstone Rd., Ste. 420 Cheyenne, WY

Vaccine Program: Wyoming Vaccinates Important People

Brenda Warburton-Smith-Vaccine Coordinator
307-777-7481
307-777-3615 fax
brenda.warburton-smith@health.wyo.gov

Contact for the following issues and all PIN assignments and for:

Receipt of Vaccine Orders
Expired/Compromised Vaccine
General Cold Chain Questions and Procedures for referral
Doses Administered/Replenishment Forms
Inventory Reports
Temperature Logs
Vaccine Arrival Reports
WyVIP Policies and Procedures, including:
Non-Compliance Memos
Vaccine Returns/Transfers

Randy DeBerry, M.A.
WyVIP Program Manager

307-777-8983
307-777-3615 fax
randy.deberry@health.wyo.gov
Contact for the following:

- WyVIP vaccine program comments/complaints
- Staff comments/complaints
- Questions from the public (parents, school nurses, etc.) regarding WyVIP vaccine supply or availability
- Flu allocations

Wyoming EqualityCare (Medicaid)

Sheree L. Nall
Provider Services Manager
Office of Health Care Financing
EqualityCare
Phone 307-777-8756
sheree.nall@health.wyo.gov

Angela DeBerry
Provider Services Manager
Office of Health Care Financing
777-7257
angela.deberry@health.wyo.gov

Contact for the following:

- EqualityCare (Medicaid) billing questions
- CPT Coding

Lily Valdez
Provider Relations Administrative Assistant
307-777-8503
307-777-3615 fax
lily.valdez@health.wyo.gov

Contact for the following:

Order Confirmation Faxed to Providers
WyVIP Enrollment Packets requests
WyVIP Policy and Procedure Packets requests
WyVIP Provider Agreement requests
WyVIP Policies and Procedures, including:
Incentive Program
Withdrawal from WyVIP Program
Reporting Requirements

Wyoming Immunization Registry (WylR) Program

Lisa Wordeman, B.S.
WylR Registry Trainer
307-777-2413
307-777-3615 fax
lisa.wordeman@health.wyo.gov

Contact for the following:

- WylR technical questions
- WylR training questions

Lola Wolfe, AV/Registry Data Clerk
307-777-1919
lola.wolfe@health.wyo.gov

- Data entry of Registry Records
- CoCASA Reporting Support

John Anderson, M.A.
Wyoming Immunization Registry Manager
800-599-9754/ 307-777-5773
307-777-3615 fax
john.anderson@health.wyo.gov

Contact for the following:

- WylR general questions
- WylR program comments/complaints
- WylR staff comments/complaints

Health Education & Outreach Program

Andrea Clement-Johnson, M.S., Ed.
Education & Outreach Manager
307-777-8981
307-777-3615 fax
andrea.clement-johnson@health.wyo.gov

Contact for the following:

- Educational Requests/Questions
- Program comments/complaints
- Program staff comments/complaints
- Policy, Enrollment and Eligibility questions
- Teleconference information

Cie Daniels, LPN
Outreach Specialist
PO Box 1702
Worland, WY 82401
307-347-4579
307-214-6709 cell
cie.daniels@health.wyo.gov
Contact Cie for 2008 Outreach Visits

Grace Neeley
Education & Outreach Specialist
307-777-8982
307-777-3615 Fax
grace.neeley@health.wyo.gov
Contact Grace for 2008 Outreach Visits

Joanna Briggs, RN
Outreach Specialist
23 N. Scott, Ste 14
Sheridan, WY 82801
307-673-8930/307-214-7905 cell
307-673-5368 fax
joanna.briggs@health.wyo.gov
Contact Joanna for 2008 Outreach Visits

WIP Administration

Jan Bloom, M.S. Section Chief
307-777-6001

jan.bloom@health.wyo.gov

Contact for the following:

- Program comments/complaints

Karoleigh Cassel
Administrative Specialist
307-777-7621
307-777-3615 fax
karoleigh.cassel@health.wyo.gov

Contact for the following:

- To be transferred to the appropriate WIP staff member
- To request, verify receipt or processing of the following:
 - * Literature/material order requests
 - * School nurse registry enrollment packet
 - * Flu marketing materials
 - * Flu clinic website registration forms
- Website questions

WIP Clinical Services Program

Joanna Briggs, RN
Clinical Coordinator
23 N. Scott, Ste 14
Sheridan, WY 82801
307-673-8930/307-214-7905 cell. 307-673-5368 fax
joanna.briggs@health.wyo.gov
Contact for the following:

- WyVIP Approved Vaccine Schedules
- ACIP Recommended Schedules
- Storage, Handling/Cold Chain Questions & Procedures
- Dosing by Vaccine Brand/Type
- Vaccine Administration Procedure/Contraindications
- Vaccine Adverse Events

Vaccine Manufacturers

GlaxoSmithKline
833-475-8222
www.gsk.com

Lawless Barrientos
303-877-0929

Merck
800-637-2579
www.merck.com
Kathy Parrish
303-973-1615

Sanofi Pasteur
800-822-2463
vaccineshoppe.com
Frank John
719-481-5983

Wyeth/Lederle
800-572-8227
Maureen Kane
888-685-5961 x77111



Quiz #2: Vaccine Administration

True False

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Subcutaneous (SC) injections are generally given perpendicular to the skin. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. No vaccine should be injected unless epinephrine is immediately available. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The recommended needle size for an adult intramuscular (IM) injection is 1–1 ½ inches. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Never recap or clip needles prior to disposal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If both hepatitis A and B vaccines are indicated, it is acceptable to mix the two vaccines together in one syringe. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. MMR and varicella vaccines are both given subcutaneously. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A new needle and syringe must be used for each vaccination. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. IM injections should be inserted at an 80° to 90° angle to the skin. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. The proper needle length for an SC injection in a child or adult is 5/8–3/4 inch. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The vastus lateralis (lateral thigh) is the muscle of choice for administering an IM injection to a child less than 12 months of age. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. When more than two IM vaccines are given to an infant at one visit, the gluteal (buttock) muscle should be used. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. The vaccination record card does not need to be given to the parent until the infant's vaccinations are completed. |

Test Answers

T F T F T F T F T F T F T F T F T F T F

If you missed any of these questions, you can find explanations for the answers in CDC's *Epidemiology and Prevention of Vaccine-Preventable Diseases* (a.k.a. *The Pink Book*), which you can download from CDC's website at www.cdc.gov/vaccines/pubs/pinkbook.



Quiz #1: Immunization

True False

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Mild illness is a reason to withhold vaccination. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If a mother is breastfeeding, she shouldn't be vaccinated. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A child's temperature should be checked routinely before vaccinations are administered. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A pregnancy test should be performed routinely for adolescent females before giving them MMR or varicella vaccines. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If there is an immunosuppressed child in the household, siblings should be given MMR and varicella vaccines on schedule. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. If the first dose of hepatitis B vaccine was given more than one year ago, and no subsequent doses were given, you should repeat the first dose. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. MMR and varicella vaccines can be given to a child whose mother is pregnant. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. When a teen or adult has an injury and needs protection against tetanus, Td or Tdap is the correct vaccine choice, not Tt (tetanus toxoid) alone. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. All healthcare workers who have contact with patients and who have no contraindications should receive influenza vaccine every year. |

Test Answers

1-F 2-F 3-F 4-F 5-T 6-F 7-T 8-T 9-T

If you missed any of these questions, you can find explanations for the answers in CDC's *Epidemiology and Prevention of Vaccine-Preventable Diseases* (a.k.a. "The Pink Book"), which you can download from CDC's website at www.cdc.gov/vaccines/pubs/pinkbook.

UPDATE February 16, 2008

THIS NOTICE MUST GO TO ANYONE WHO GIVES VACCINES



Due to temporary Hib Vaccine shortage:

Do not give Hib vaccine booster dose to *healthy* children aged 12-15 months.

[Continue to give to high-risk children: those with asplenia, sickle cell disease, HIV, other immune syndromes, or who are Alaskan or Native American— boost as usual]



NOW

Keep track of those children who did **NOT** get the booster dose.



LATER

Plan to vaccinate them when supply improves.



NOW

Continue regular vaccination for infants ***under 12 months***. Make sure the vaccine used is not from recalled Merck PedvaxHIB® or COMVAX® lots.

For more information: www.cdc.gov/vaccines



YOUR BABY'S FIRST VACCINES

WHAT YOU NEED TO KNOW

Babies get six vaccines
between birth and
6 months of age.

These vaccines
protect your baby
from 8 serious diseases
(see the next page).



**Your baby will get vaccines today that prevent
these diseases:**

- ☐ Hepatitis B ☐ Polio ☐ Pneumococcal Disease
☐ Diphtheria, Tetanus & Pertussis ☐ Rotavirus ☐ Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B).

These “combination vaccines” are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

***These vaccines may all be given at the same visit.
Getting several vaccines at the same time will not harm your baby.***

This *Vaccine Information Statement (VIS)* tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines.
Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



Vaccine Information Statement
42 U.S.C. § 300aa-26
1/30/2008

Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

8 Diseases Prevented by Childhood Vaccines

DIPHTHERIA

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

It can lead to breathing problems, heart failure, and death.

TETANUS (Lockjaw)

Bacteria

You can get it from a cut or wound. It does not spread from person to person.

Signs and symptoms include painful tightening of the muscles, usually all over the body.

It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

PERTUSSIS (Whooping Cough)

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

HIB (*Haemophilus influenzae* type b)

Bacteria

You can get it from contact with an infected person.

Signs and symptoms. There may be no signs or symptoms in mild cases.

It can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

HEPATITIS B

Virus

You can get it from contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

It can lead to liver damage, liver cancer, and death.

POLIO

Virus

You can get it from close contact with an infected person. It enters the body through the mouth.

Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all.

It can lead to paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

PNEUMOCOCCAL

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include fever, chills, cough, and chest pain.

It can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

ROTAVIRUS

Virus

You can get it from contact with other children who are infected.

Signs and symptoms include severe diarrhea, vomiting and fever.

It can lead to dehydration, hospitalization (up to about 70,000 a year), and death.

How Vaccines Work

Immunity from Disease: When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: 5 doses – 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
 - **Hepatitis B** Vaccine: 3 doses – Birth, 1-2 months, 6-18 months.
 - **Polio** Vaccine: 4 doses – 2 months, 4 months, 6-18 months, 4-6 years.
 - **Hib** (*Haemophilus influenzae* type b) Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
 - **Pneumococcal** Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Older children with certain diseases may also need this vaccine.
 - **Rotavirus** Vaccine: 3 doses – 2 months, 4 months, 6 months. Rotavirus is an oral (swallowed) vaccine, not a shot.
-

Vaccine Risks

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as **tenderness**, **redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor’s office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

Other Reactions

The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t *prove* that a vaccine caused a reaction, but does mean it is probable.

DTaP Vaccine

Mild Problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

Moderate Problems: Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious Problems: Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can’t be sure they are caused by the vaccine.

Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

Pneumococcal Vaccine

Mild Problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus Vaccine

Mild Problems: Children who get rotavirus vaccine are slightly more likely than other children to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. No moderate or serious problems have been associated with the vaccine.

Precautions

If your child is sick on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:
 - A brain or nervous system disease within 7 days
 - Non-stop crying for 3 or more hours
 - A seizure or collapse
 - A fever over 105°FTalk to your provider before getting **DTaP Vaccine**.
- If your child has:
 - A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin BTalk to your provider before getting **Polio Vaccine**.
- If your child has:
 - A life-threatening allergy to yeastTalk to your provider before getting **Hepatitis B Vaccine**.
- If your child has:
 - A weakened immune system
 - Ongoing digestive problems
 - Recently gotten a blood transfusion or other blood product
 - Ever had intussusception (an uncommon type of intestinal obstruction)Talk to your provider before getting **Rotavirus Vaccine**.

What if my child has a moderate or severe reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- | | | |
|--------------------------|-------------------|------------|
| - difficulty breathing | - weakness | - hives |
| - hoarseness or wheezing | - dizziness | - paleness |
| - swelling of the throat | - fast heart beat | |

What should I do?

Call a doctor, or get the child to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the shot was given.

Ask your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

For More Information

Ask your healthcare provider. They can show you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636 (1-800-CDC-INFO)**.

Visit CDC websites at www.cdc.gov/vaccines and www.cdc.gov/ncidod/diseases/hepatitis.